

**St. Charles Parish  
Parks and Recreation Department  
Registration Form**

**SHOOTING STARS BASKETBALL**

Girl \_\_\_\_\_ Boy \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Name as it appears on Birth Certificate below:**

First	Middle	Last
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Home Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone	Emergency
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Email Address \_\_\_\_\_

To Whom It May Concern:

I/We grant permission for my/our son/daughter to participate in the sports program of the St. Charles Parish Parks and Recreation Department.

He/She is in good health and has no physical defects that strenuous physical exercise would affect. (Note: A notice from a physician should accompany this form if there is any limitation).

**I/We agree to release the St. Charles Parish Council, St. Charles Parish Parks and Recreation Department, the Director, Coaches, Buddies and Sponsors for any injuries, disabilities, death, loss or damage to person or property including accidents which he/she may incur while participating in practice sessions, games, or while traveling to and from any games and activities, whether arising from the negligence of the release or otherwise, to the fullest extent permitted by law.**

I/We do further agree to return all uniforms and equipment issued to my/our son/daughter upon request of his/her sponsor or coach. I/We understand that no one in our family will be able to participate in any St. Charles Parish Parks and Recreation Department Sports Program until the equipment is returned or paid for in full.

I/We also certify that the information concerning my/our son/daughter birth date is correct. I/We understand that any false information may result in my/our son/daughter being suspended from participating in the St. Charles Parish Parks and Recreation Program for a period of not less than two years.

At least one parent or guardian signature is required.

Parent/Guardian: \_\_\_\_\_

**UNIFORMS SIZES: SHIRT \_\_\_\_\_**